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VERITATEM PER MEDICINAM QUÆRAMUS









The Preparation is in the Museum of the Royal College of Surgeons.



J. Perry del et lith. g.

Printed by G. Hall, Kneller.

1. The Urethra.
2. The Urethra as it passes through the Prostate Gland.
3. Section of the Prostate Gland.
4. Section of the third or middle lobe of the Prostate perforated.
5. A Catheter passed through the perforation at the base of the middle or third lobe.
6. Internal surface of the bladder.

AN ESSAY  
ON THE  
TREATMENT OF SOME AFFECTIONS  
OF THE  
PROSTATE GLAND.

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BY  
R. A. STAFFORD,  
SURGEON EXTRAORDINARY TO HIS ROYAL HIGHNESS  
THE DUKE OF CAMBRIDGE;  
AND SENIOR SURGEON TO THE ST. MARYLEBONE INFIRMARY.

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## INTRODUCTION.

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THE object of the present Essay is to direct the attention of the Profession to the treatment of some affections of the Prostate Gland. The author is well aware of the incompleteness of the methods he has adopted, but the fewness of the remedies we already possess for the relief of so distressing and fatal a disease, has induced him to publish the result of his experience.

28, *Old Burlington Street,*

MAY 1840.



# AN ESSAY,

&c. &c.

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THE diseases of the Prostate Gland are of so distressing and fatal a nature, and the remedies we are enabled to adopt for their relief are so few and inadequate, in comparison to the severity and seriousness of their maladies, that any addition to them, or any new plan of treatment which may have been employed for their benefit or cure, may not perhaps be considered unworthy of the notice of the profession, and more particularly of those unfortunate individuals who are the subjects of so grievous a disease.

Having for years past paid considerable attention to some of the affections of this gland, and having adopted remedies, I have reason to believe, which were attended by the most beneficial effect, I feel it a duty incumbent on me to publish the result of my experience, and shall therefore presently relate the methods I have pursued in their treatment.

The prostate gland is situated at the neck of the bladder, and resembles in shape and size a middle sized chesnut. Although one substance, it is anatomically divided into three parts: two lateral lobes, and a third or middle lobe. The two lateral lobes lie on each side of the urethra, and are joined together at its lower surface, their broadest extremity being annexed to the bladder, and their narrowest anteriorly, towards the urethra, and thus the canal of the urethra passes through, and is formed by the pros-

tate at that part. The third or middle lobe is placed exactly in the middle of the sulcus between the two lateral lobes, just at the entrance into the bladder; but I shall give a more particular account of this part presently.

The prostate gland is very liable to enlargement, and more especially in the latter periods of life, although I have known it frequently to be increased in size long before the time generally stated by many writers on this subject. Cases have occurred under my observation where the individual has been the subject of the disease as early in life as twenty-five, thirty, thirty-five, forty, forty-five, and fifty years of age\*: indeed,

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\* In the last volume of the Transactions of the Royal Medico-Chirurgical Society, there is a case, related by myself, where the prostate was enlarged, from melanoid disease in a child of five years of age, to the size of a large walnut; and its third lobe was as large as the whole gland at that period of life. The child died



from twenty-five to fifty, a degree of enlargement of the prostate gland is not so uncommon as is usually imagined. It is frequently brought on from gonorrhœa, stricture, hard riding, excess of venery, living on hot and high-seasoned dishes, a residence in a hot climate, &c.; in short, it may be produced from any cause which may give rise to inflammation of its substance. From fifty, and beyond that period, patients first find out that they have some impediment in making water, and a difficulty in emptying their bladder. They consult their surgeon, who discovers the disease, and although they then only complain of the present inconvenience, yet if you inquire you will find that they have suffered from symptoms of diseased prostate long before they thought it of any particular

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from all the symptoms of the diseased prostate of old age. I believe the case is unique. The preparation is in the Museum of St. Bartholomew's Hospital.

consequence. They will tell you that for years they have had uneasiness in the urinary organs, and, to use their own expression, have had a sense of weight and bearing down, with a dull heavy pain in the perineum. They also will have had pain down the inside of the thighs, and a sensation of coldness in the feet; a difficulty of voiding the last drops of urine, and after going to the water-closet great uneasiness in the rectum and about the neck of the bladder, with sometimes a mucous discharge from the orifice of the urethra. In some cases they will suffer from tenesmus; have pains in the loins, the sacrum, and about various parts of the ischii: in short, a general uneasiness of all parts connected with the urinary organs may be felt. These and other symptoms they will describe denoting that disease of the prostate exists, and has gradually been going on for a considerable time; and happy are those who are so for-

tunate as to discover the mischief before it is too late to remedy it.

When we consider the state in which we find patients who consult us with disease of the prostate, and when we reflect, on finding that considerable enlargement perhaps of the gland or its middle lobe has already taken place, it must necessarily happen, from there having been no severity of pain, that this enlargement is of a chronic nature, and that it must have taken considerable time to have produced it, consequently although the symptoms may not have been urgent, there is but little doubt that the individual affected has had frequent premonitory warnings that all is not as it should be in those parts. My reason for having formed this opinion also is strengthened from having found in many instances, even in young subjects from twenty-five to thirty-five years of age, after they have had urethral

disease, an impediment and difficulty on entering the bladder with a bougie or catheter, at the situation of the prostate.

I have reason to believe also that the substance of the prostate is liable to become more consolidated than natural, without a great increase of its volume, and this I judge from finding when an instrument is passed that, although the rest of the urethra may be flaccid, yet there is a rigidity at that part as if it were embraced by a solid mass. It is probable that this is the state of the gland preceding its enlargement.

The third lobe of the prostate, although known to Morgagni, Mr. Hunter, and others, in disease, under the name of caruncle, tumor, swelling, &c. was first described as a distinct lobe by Sir Everard Home. He says, when speaking on the dissection of the part in a subject of twenty-five years of



age, that “on turning off the vasa deferentia and vesiculæ seminales, exactly in the middle of the sulcus between the two lateral portions of the prostate gland, there was a rounded prominent body, the base of which adhered to the coats of the bladder. It was imbedded not only between the vasa deferentia and the bladder, but also in some measure between the lateral portions of the prostate gland and the bladder, since they were in part spread over it, so as to prevent its circumference from being seen, and they adhered so closely as to require dissection to remove them: nor could this be done beyond a certain extent, after which the same substance was continued from the one to the other. This proved to be a lobe of the prostate gland: its middle had a rounded form, united to the gland at the base next the bladder, but rendered a separate lobe by two fissures on its opposite surface. Its ducts passed directly through the coats of the



bladder, on which it lay, and opened immediately behind the verumontanum. By means of this lobe a circular aperture is formed in the prostate gland, which gives passage to the vasa deferentia."

The third or middle lobe, just described, of the prostate gland is very subject to enlargement, which may occur in the adult at all periods of life ; and it is my opinion that many of the obscure symptoms described by patients, connected with the urinary organs, are produced from a greater or less increase of its size. Those feelings expressed by them of pain and irritation at the neck of the bladder, with a tightened and constrained feeling ; a sense of fulness at that part, with a dull heavy pain, as if a weight was attached to it ; the frequent inclination to void urine, and a sensation, which literally is the case, that the bladder does not completely empty itself, with many

other feelings of the kind, are all symptoms of enlargement of this portion of the gland.

When we reflect on the mode by which an enlargement of this portion of the gland takes place, the symptoms just described would be exactly those which would naturally occur. In health its substance is hardly to be perceived; so much so, that it was entirely overlooked in former days as a distinct part. When, however, its substance becomes enlarged, the progress of which is very gradual, it at first can only act as a foreign body; in the same manner, perhaps, as a small calculus would do in the same situation; or by giving rise to irritation, and a frequent inclination to make water. As it increases in size, however, it stretches the membrane covering it, and causes inflammation. Hence the pain and tightened sensation, and the fulness and sense of weight at the neck of the bladder.

As it increases in volume the part juts out into the bladder, and some of the urine is kept back ; consequently the bladder is unable to expel the whole of its contents : when the patient has voided all he has in his power to do, several ounces may still be left behind. The symptoms now are very distressing. The moment after urine has been passed he has an inclination to make more. He attempts to do so again, but with no better success : a little passes, but no relief is obtained. In this manner he goes on all day, and at night he suffers equally. His sleep is broken ; he is obliged to rise every quarter or half-hour to relieve his bladder. He becomes at length haggard and thin, and weak, and from the constant irritation, and pain, and watchfulness, is almost worn out. At this period of the complaint the urine is alkaline, foetid, and muddy. The mucous coat of the bladder also may become diseased, and a muco-purulent secretion frequently is

voided. Under the circumstances just described it will be necessary to draw off the urine with a catheter twice or three times daily.

The third or middle lobe of the prostate gland will even still more increase in volume : it will become so large as to block up the entrance of the bladder, and no instrument can be made to pass it. The urine in such a case can only be voided by juts, and at intervals : in fact, the patient, to use a homely expression, is obliged to milk it as it were from him. The more he strains the less power he has to void it ; because the sphincter muscle of the bladder pressing upon the enlarged part, shuts up the little opening there is left for the urine to pass, and thus acts like a valve.

When the disease has arrived to this extent the agony felt by the patient is insupportable. The middle lobe is in a



high state of inflammation, and the frequent attempts to pass urine increase it. The sphincter muscle constantly presses upon the inflamed part, and the pain the poor sufferer experiences is most excruciating and distressing to witness. It happened that an intimate friend of my own, and in whose case I first perforated the third lobe of the prostate gland, was the subject of this disease. I felt so much interest for him that I requested he would live in the same house with me, so that I might give him all the attention in my power. He did so, and I had an opportunity of watching his symptoms. The first thing he did in the morning was to relieve his bladder, which he accomplished in the following manner. He was obliged first to elongate his penis to a considerable extent, and then he walked about the room, gradually straining about every five minutes, when a small quantity of urine passed—about as much as a tea-spoon or a



dessert-spoon would hold. If he strained too violently no urine would be voided, as the sphincter muscle would completely shut up the little opening left for its escape ; consequently, he was obliged to be very careful not to exert himself more than to allow of its exit. It generally occupied about two hours for him to relieve his bladder sufficiently for tolerable comfort and ease. He went through this process four times every day, and therefore he might be said to be occupied eight hours out of the twelve.

When the third lobe of the prostate gland is only partially enlarged it can be discovered, independently of the symptoms, by passing solid instruments of different sizes into the bladder. It will be found, when the point arrives at the enlarged part, that its progress will in some measure be arrested, and instead of its immediately entering into an open cavity, its lower surface will, as it

were, ride over, and come in contact with the enlarged third lobe ; in the same manner, for description sake, as the bottom of a boat in shallow water will pass over and grate against a sand-bank.

In some instances the point of the instrument will go no further than the third lobe, and will rest upon it. In some the enlargement will be still greater, so that unless force is used it will not go on into the bladder, and then not without wounding the part. In others, as I have said before, the third lobe will have so increased in size that it will block up the neck of the bladder, and retention of urine will be the consequence, when perforating it, of which I shall presently speak, will alone give relief. Another method also of discovering partial enlargement of the third lobe is by passing a catheter immediately after the patient has made water : urine will be left in the bladder,

amounting to two, three, four, five, or six ounces, and even more, according to the extent of the increase of its volume.

In the early and middle stages of disease of the third lobe is the period when benefit may be derived from treatment. The part is not so large but that it can be reached by various applications, by a method I shall presently describe ; and the success of the treatment I have adopted in these cases has, I have reason to believe, been such, that the enlarged part has been reduced to its natural size, and a cure effected.

The methods I have employed for the treatment of an enlargement of the third lobe of the prostate gland are—the application of certain substances upon it ; puncturing the part with a particular instrument I have invented, and perforating it with the urethral perforator, according, in all cases, to

the extent of its increase of size. If the third lobe has only partially enlarged, I have then employed remedies such as Iodine, the Iodide of Potassium, Belladonna, &c. locally, always in a diluted form, and combined or uncombined with other substances, as the urgency of the case might require. If it be so large that it will not yield to the application of these substances, I have in some instances punctured it with advantage ; and when its volume has been so great as to block up the neck of the bladder, and cause retention of urine, I have then been under the necessity of perforating it.

The power of Iodine and the Iodide of Potassium in reducing glandular swellings is well known. I have employed it in nearly all cases of enlargement of glands, excepting those from malignant diseases, and have found it of the greatest service ; indeed, its use in some instances has been attended



by almost a miraculous effect, so rapidly has the swelling been reduced. It was this circumstance that led me to think it might be advantageously employed to reduce an enlargement of the prostate gland and its middle lobe. I felt it easy to make it to be absorbed through the substance of the prostate gland, by using it in suppositories passed up the rectum, but the difficulty was, to apply it on the third lobe without touching any other part of the urethra. I made several attempts to accomplish this; first, through a tube; then in a groove at the end of a solid instrument; then by the method by which caustic is applied to a stricture, according to Ducamp's plan, and others; but none of these answered. I at length thought of a very simple mode of applying it, which is by charging a bougie at its point with the Iodine, Iodide of Potassuim, or any other substance you may wish, and then dipping it into melted tallow,



so that a coating may be formed upon it. By such method I have been enabled to introduce any application I might desire up to the prostate gland, without touching the surface of any other part of the urethra. The bougie having reached the desired spot, its point is allowed to rest upon the diseased part, when the tallow gradually melts, and brings the Iodine or Iodide of Potassium into contact with it, and by drawing the bougie gently backwards and forwards the necessary friction is produced.

I have found it advisable to be very cautious as to the strength of the application, for the prostate gland will not bear a strong preparation either of the Iodine or Iodide of Potassium at first. It is usually in an irritable or inflamed state; consequently even the mechanical pressure of the bougie will give pain. The preparations I have therefore used have been very mild. At first I have found it necessary to employ even

anodynes, such as belladonna, opium, hyoscyamus, &c. to quiet irritation and pain. When these have subsided, I have begun carefully by introducing the Iodide of Potassium, in the proportion of one grain to the drachm of Unguentum Cetacei, and increasing it as the patient could bear it. I have then gone on with two, three, four, five, and even as far as ten grains, or a scruple, to the drachm, according as the case required it. After this I have added Iodine to it; half a grain, one, two, three, four, and even more grains, in the same manner. The surgeon who applies it can alone judge of its effects.

I shall now relate some Cases—first, of enlargement of the body of the prostate; and secondly, of its middle or third lobe, where I have employed these remedies, which I have no doubt will throw more light on the treatment than any further explanation at present.

## CASE I.

July 1834.—Capt. N., æt. 35, a gentleman who had resided in India for many years, had been the subject of several severe gonorrhœas, to such an extent as frequently to cause retention of urine ; and they were usually so difficult to cure that the discharge continued for several months. These attacks were at length succeeded by stricture, and he underwent the usual method of treatment with relief, so that a large-sized bougie could be passed occasionally without meeting with any particular impediment. Although the urethra appeared quite open, yet he still suffered from symptoms of great irritation along the canal, and at the neck of the bladder. He had always upon him an uneasiness, and a desire to make water, with the feeling that

he did not empty his bladder. He complained of a dull heavy pain in the perineum, and a sense of weight or bearing down—to use his own expression, with many other disagreeable feelings about the sacrum and other parts.

As I could pass a large-sized instrument up to the prostate, and as when it arrived there I found that it would not enter the bladder, I suspected some affection of that gland might be the cause of the symptoms, and therefore examined it per anum. Both the lateral lobes were considerably enlarged and indurated, and projected into the rectum; and on passing a small catheter into the bladder, after he had made water, four ounces of urine were left behind. This increase of size of the gland accounted for one symptom which he had also expressed, namely, that he had a difficulty in voiding his fæces, which he observed to be flattened.



Being aware that we have but few remedies to be depended upon for such a state of disease of this organ, it occurred to me that from the benefit derived in glandular swellings of other parts of the body from the application of the Iodine and the Iodide of Potassium, that it might also be of service here. I therefore ordered the patient to use a suppository composed as follows :—

5th. — The Iodide of Potassium, two grains; Extract of Hyoscyamus, five grains. Mix. To be made into a suppository, and introduced into the rectum twice every day.

10th.—The left lobe certainly was softer, and somewhat less in size; the right lobe not diminished.

Ordered — Iodide of Potassium, four grains; Extract of Hyoscyamus, six grains. Mix. To be used as before.



15th.—Both lobes were softer, and diminished in size; the left more so than the right.

19th.—The absorption continued, and the left lobe was greatly reduced; the right, though softer, still remained indurated, and of much larger volume than the left.

24th.—Both lobes were much diminished. The patient complains of the irritation of the suppositories.

Ordered half the quantity of Iodide of Potassium, and to be used only at night.

28th.—The left lobe almost entirely reduced; the right reduced, but still larger than natural, and a hard lump in the centre of it.

Aug. 2d.—Still complains of great irritation from the suppository; so much so that

he requested to be allowed to leave it off. Iodine bougies (gr. v. ad dr. j.) were now employed. The first one passed caused extreme stinging pain at the prostate, from the preparation of Iodine being too strong. I found it necessary to reduce it, gr. j. ad dr. j. I went on passing Iodine bougies, increasing the quantity as it could be borne, prepared as I have before described, until the end of August, leaving the charged part of the bougie in the prostatic portion, and allowing it to melt there. The suppositories also were resumed. At the end of August the prostate was of its natural size, excepting that there was a small hard lump, about the size of a pea, in the right lobe. All the unpleasant symptoms, the pain, the irritation, the sense of weight, &c. had vanished.

The cause of enlargement of the prostate in this case was irritation and inflammation, kept up by the repeated attacks of gonor-

rhœa, and afterwards by stricture. The Iodide of Potassium produced absorption even quicker than I expected, the patient being under treatment not quite two months. I have little hesitation in saying, had the prostate remained in the same state as when I first saw him, that the disease would have become confirmed, and in after life he would have been a great sufferer from it.

## CASE II.

1835.—A gentleman, æt. 53, had for a considerable period been a sufferer from disease of the prostate gland, without being aware exactly from what cause his symptoms arose. He had an incessant inclination to void urine, more particularly at night. This symptom he had suffered from for a considerable time, but latterly he had felt pain in the perineum and down the thighs, with coldness in the feet. He also observed that he had some difficulty in expelling his fæces, with a passage of a mucous discharge afterwards from the urethra. Sometimes his urine would be cloudy and foetid; sometimes he would have a very tenacious ropy mucus at the bottom of the chamber-pot, and at other times the urine would be clear; but he

always had a sensation that he did not empty the bladder. On examining him, I found that his prostate projected into the rectum, and was much larger than natural. On passing a catheter, also, the whole of the contents of the bladder were not expelled, by four or five ounces. I desired him to draw off his urine with an elastic catheter night and morning, and placed him on exactly the same plan as adopted in the last case, only increasing the quantity of Iodide of Potassium. He continued this treatment about five or six months, and the size of the prostate gradually went down, and with this reduction his symptoms also disappeared.

In addition to this treatment he took the *pareira brava*, *buchu*, *hyoscyamus*, the mineral acids, &c. according as the state of the bladder and urine required them.



## CASE III.

Aug. 1835.—Mr. D., a stout, plethoric man, æt. 79, had been the subject of dyspepsia and rheumatism for some time, and latterly had had great difficulty in making water, with considerable irritation at the neck of the bladder. He had occasion to cross the sea to Boulogne, and was seized with complete retention of urine on board the vessel. When he got on shore he did not obtain relief until three days, when rather more than two quarts of urine were drawn off. From this time his bladder became paralysed, and it was necessary to employ a catheter twice or three times daily. He went on in this manner for more than a month, when he consulted me. On examining him, I found he had

a considerable enlargement of the prostate gland, with alkaline, foetid, and muddy urine. He was requested to continue the use of the catheter ; to use Iodine suppositories ; to rub an Iodine ointment on the perineum ; to take the buchu, pareira brava, nitric acid, and other medicines, as the state of the bladder and urine required them. Blisters were also applied on the loins, and opium administered internally. From the time he first began to use the Iodine his disease amended, and he went on improving until he could make water nearly as well as natural, and there was no necessity for using the catheter. The prostate was reduced to nearly its usual size, but still there was some enlargement. The treatment of this case occupied from Aug. 24th to November 23d.

I have purposely avoided the minute details, because no amendment took place

before the employment of the Iodine, and the numerous remedies which had previously been administered without effect would have been too tedious to relate.

## CASE IV.

April 1838.—The Hon. Col. L., æt. 73, of a very slight and delicate frame, placed himself under my care for an affection of the bladder and prostate gland. He had been the subject of the latter disease for some years, but of late his bladder had become affected, and he could not expel the whole of its contents by half a pint and more. His urine was alkaline, foetid, and muddy, having a mucous sediment, which clung to the bottom of the chamber-pot, and was so tenacious that it could be drawn out into ropes for a considerable length without breaking. His prostate gland was considerably increased in size. I requested him to have a catheter introduced twice a day to draw off the residue of urine. I ordered

him a decoction of buchu leaves, pareira brava, nitric acid, &c. at different times, as the state of the bladder and urine required. I likewise advised him to use suppositories of Iodine and the Iodide of Potassium, and passed bougies of the same. In three months he could make water as well as natural. I have frequently seen him since, and, although an old man, he still remains in good health.



## CASE V.

Capt. M. æt. 46, consulted me under the following circumstances :— Ten years ago he had had a virulent gonorrhœa, and inflammation of the prostate gland. From this period he suffered much uneasiness in the bladder and urinary organs generally, and at every time he had occasion to make water it was followed by a profuse discharge of mucus. For these reasons he placed himself under the care of an eminent surgeon, who examined him, and found the prostate considerably enlarged, and painful on pressure. Leeches were frequently applied on the perineum, and other remedies employed, and the urgent symptoms subsided. After this, however, he never was well. He felt a dull heavy pain in the perineum, and more particularly after walking

or riding ; he always had constant pain in the sacrum, and about various parts of the ischii. He had, likewise, frequent attacks of piles, and tenesmus, and was much annoyed by priapism, though his venereal powers were enfeebled. For six years he had been in the habit of taking the liquor potassæ in large doses, and at different times had used mercurial friction, with other remedies, but with no apparent advantage.

He consulted me in May, 1839, and I found, on examination, that his prostate was more than double its natural size, and was so indurated that upon pressure by the finger it gave the sensation of a stone-like hardness. As he was obliged to join his regiment in Ireland, I advised him to use suppositories of the Iodide of Potassium (gr. ij. ; and Ext. of Hyoscyamus, gr. v.) to be introduced up the rectum, night and morning. He strictly followed the plan

laid down, and occasionally wrote to me; and, in September, got leave of absence, and placed himself entirely under my care. At this time, to my astonishment, I found the prostate had very much diminished in size from the use of the suppositories, and that the hardness had very greatly diminished. Still, however, there was enlargement; and, on passing a solid instrument through the prostatic portion of the urethra, it went rigidly, and was, as it were, embraced by it. I advised him, therefore, to go on with the suppositories, increasing the Iodide of Potassium (gr. iij. ad gr. vj.), and to have bougies, charged with it, and the Iodine, passed. He did so, and came to me every other or every third morning, as occasion required. I continued passing bougies, &c. for him until Feb. 11, 1840; and, when he left me, the prostate was reduced to its natural size, and all his unpleasant symptoms were gone; indeed, so well

was he, that he was enabled to marry, which he had long wished to do.

In this case, as in many others, it appears that a virulent gonorrhœa was the first sign of disease of the prostate. Inflammation being set up, enlargement and induration took place in consequence, and the gland remained in this state until cured.

I shall now relate some cases of enlargement of the middle or third lobe of the prostate gland, where the Iodine and Iodide of Potassium were successfully employed, and a reduction of the part effected.



## CASE I.

1830.—A gentleman, between 50 and 60 years of age, had been the subject of stricture for many years, and which had been so far relieved that a large-sized instrument could be passed nine inches up the urethra; yet its progress was arrested at the entrance into the bladder. This obstruction, from the situation and the symptoms, could be no other than enlargement of the middle lobe of the prostate. The patient had great difficulty in expelling the contents of his bladder, and always felt as if he had not emptied it; consequently he was frequently attempting to make water, and evacuated but little at a time. He suffered from these symptoms more particularly at night, by which his rest was broken. The urine was alkaline, high coloured, muddy, and foetid.

I advised him to make use of Iodine suppositories (Iodine, gr. j. ; Iodide of Potassium, gr. ij. ; Ext. of Hyoscyamus, gr. viij. to be made into a suppository,) every night; and also to have introduced bougies charged with the same substance, only in a more diluted form. At first the iodine produced great irritation, both anteriorly and posteriorly, so that I was obliged to omit it, and employ the Iodide of Potassium alone. This I continued to do for a few days; and as the parts could bear it increased its strength, and also got back to the iodine. He employed these means for several months, occasionally going away and then returning to me, but always introducing the suppository. At length I was very much gratified to find that I could pass a bougie entirely into the bladder, and that his symptoms had greatly subsided. By a continuance of this plan he got quite well.

This was the first case in which I employed the Iodine and Iodide of Potassium. I at first attempted to puncture the part, but having reason to apprehend considerable hæmorrhage, I desisted. I then thought of the above plan of treatment, the mode of employing which I have explained in a previous part of this work.

## CASE II.

Mr. H., æt. 43, applied to me on account of an impassable stricture, in February 1835, situated at the bulb of the urethra, with which he had been afflicted for some years. I perforated it, and pursued the usual treatment under these circumstances, and I could pass a large-sized bougie as far as the prostate gland, but could not get it into the bladder. Although the severity of some of his symptoms were in a measure abated, yet he still found a difficulty in voiding his urine. He was obliged to milk it as it were from him, and it took a considerable time to empty his bladder. I discovered that the third lobe of the prostate was enlarged, and that the gland itself was increased beyond its natural volume. As in the former case, I prescribed Iodine and the Iodide of



Potassium, combined with extract of hyoscyamus, as suppositories, and passed for him bougies charged with a composition of the same substance. In two or three months the swelling of the part was reduced, and a catheter could be passed easily.

He makes water naturally, and remains well.

## CASE III.

T. W., Esq., æt. 51. In youth he had several gonorrhœas, and at the age of 27 a stricture, which had been treated by caustic and bougies. It at length became impermeable to a bougie, and he suffered some years from it. He came to me May 1st, 1838. The stricture was situated six inches from the orifice. I perforated it, and found the prostate enlarged, and particularly the third lobe. I advised him, being partially relieved, to go into the country, and return in a few months, thinking there might be inflammation, and that it would subside. In six months he came back to me, and I found the prostate not diminished in size, and the middle lobe so large that I could not enter the bladder without great force and giving extreme pain. His symptoms

were, at that time, a constant desire to make water, and a sensation that he had not emptied the bladder ; a great sense of fullness, and constrained feeling just above the pubes, and a heavy pain just as if a weight were attached at the neck of the bladder. His sleep was disturbed, and he was obliged to rise constantly to make water. He had lost his appetite, and his general health suffered from great anxiety of mind and depression of spirits.

Finding that no amendment had taken place in the gland, I pursued the Iodine and Iodide of Potassium treatment. I introduced bougies charged with these substances, and ordered suppositories of the same, and gradually increased the quantities as the case required them. In about three months the prostate was reduced to its natural size, and the patient made water well, and lost all the distressing symptoms he had suffered from.

## CASE IV.

A nobleman, æt. 37, consulted me in 1838 under the following circumstances. For two or three years he had laboured under the most distressing symptoms of pain and irritation at the neck of the bladder; a frequent desire to void urine; and a deep, heavy pain in the perineum. His disease had been considered to be stricture of the urethra, and it had been treated as such; but although there had been a little tightening, yet a No. 13 bougie could now be passed without difficulty. He obtained no relief from this treatment; his symptoms remained the same, and, in addition to which, his spirits became much affected. When he first applied to me I felt much puzzled to find out what was the matter with him. I could



discover nothing particularly wrong in the urethra, and began to suspect that he was a "malade imaginaire." At length it occurred to me that the prostate might be the cause of his symptoms, and therefore I examined it. I found it somewhat enlarged; and on introducing a catheter into the bladder after he had made water, I could draw off four or five ounces of urine. This at once explained to me the cause of his symptoms: the irritation, pain, and frequent desire to make water, arose from the bladder not being able to expel the whole of its contents, and the latter circumstance was no doubt produced from the mechanical cause of enlargement of the third lobe. I passed for him bougies charged with the Iodide of Potassium and Iodine, and requested him to use suppositories of the same combined with Extract of Hyoscyamus. The residue of the urine also, after making water, was drawn off night and morning. In about

four months he left my care, having lost all his distressing symptoms, and being able to expel the whole contents of his bladder.

## CASE V.

A gentleman, æt. 35, had suffered for a considerable period from the most aggravated and distressing symptoms of stricture of the urethra, which becoming impermeable to a bougie—several attempts having been made for many months to pass one unsuccessfully—he at length placed himself under my care, with the view of having it perforated. He was then in the most lamentable condition, being reduced to a great degree of emaciation, and being in the most nervous and irritable state of mind, getting but little sleep, and making water guttatim, without emptying the bladder; indeed, I had so little hope of success, that I would rather have declined the heavy responsibility of so unfavourable a case. At his earnest solici-

tation, however, I consented; and, having gradually perforated the stricture, which was six inches from the orifice, I could in a few weeks introduce a No. 12 bougie as far as the prostate gland, but could never get it into the bladder, the third or middle lobe being much enlarged. Under these circumstances I recommended the patient, being much reduced by pain and irritation, and long confinement—though he had gained considerable relief in the urinary organs—to return to his native country, Ireland, for a few months, to recruit his strength, with the advice that, if his symptoms did not abate, and the swelling of the prostate gland should not go down, he would return again to me. He did so, and his health became greatly improved: he gained flesh and recovered his spirits, but the middle lobe remained the same—no bougie could be passed into the bladder. Under these circumstances I followed the treatment of passing bougies



charged with the Iodide of Potassium, increasing the strength as the patient could bear it, and afterwards adding different proportions of Iodine to it. He also used the Iodide of Potassium suppositories, and took Iodine internally, beginning with 4 minims, and getting as far as 10 minims. He returned to me from Ireland in the middle of April 1834, and in August he went back again quite recovered.

He has since married, and remains well.

## CASE VI.

August 1839.—A gentleman, æt. only 21, had suffered for nine months with a continued and profuse discharge. No remedy employed had been of the least service to him, and therefore it was suspected that a stricture might keep it up. Such was the case: there were three contractions within four inches of the anterior part of the urethra, but the passage of bougies did not benefit him: neither the strictures nor the discharge amended. He consulted me, and I advised him to have them all divided. He gladly consented, and the operation was performed. A No. 13 bougie could now be passed as far as the prostate, but not into the bladder. A smaller one, No. 7 or 8, would enter it, but their passage gave extreme pain at the middle lobe; indeed, the

pain was so severe that I felt it necessary to order leeches, and frequently to introduce belladonna up to the part. This relieved him, but no progress was made as to the reduction of the size of the middle lobe. As he had been long suffering from disease of the urethra, I felt that rest might benefit him, and therefore recommended him to go to the seaside, and do nothing but use an injection for the discharge, thinking the swelling of the middle lobe of the prostate might go down. He returned to me in six weeks. The enlarged third lobe was much reduced, but there still remained an impediment to the introduction of the bougie, and some discharge; I advised him, therefore, to use bougies charged with Iodide of Potassium, and passed one every day for him; he also took Iodine internally in small doses. The third lobe rapidly decreased in size, and in three weeks or a month he was quite well.

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The Cases I have related appear to be me to be sufficient to illustrate the treatment I have adopted. It may be observed, in many of them the patients were not arrived at the age generally stated to be that when disease of the prostate takes place, but it must be remembered that previous disease of the urethra, such as stricture, gonorrhœa, &c. had occurred in many of them. It has been almost considered as an axiom in the profession, that enlargement of the prostate gland is only a disease of old age. I feel convinced that it frequently becomes enlarged at a much earlier period in life than we imagine, and that although it may not have arrived at the extent of size which we find in those advanced in years, yet still the disease has been going on for a considerable time before we discover it, and before those



aggravated symptoms occur which require the attention of the surgeon.

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In some instances I have found that puncturing an enlarged middle or third lobe of the prostate gland has been attended with benefit. I have performed this operation in several cases, and shall now relate two of them, to illustrate the treatment.

## CASE I.

A gentleman, æt. 49, naturally very thin, but apparently rendered more so from disease, placed himself under my care with the following symptoms :—For many years past (nearly thirty) he had experienced great difficulty in making water, and the stream of urine had always been diminished in volume. Latterly, within the last five or six years, these symptoms had gradually increased; and at the present time the water passes from him almost guttatim. During the time of making it also he is under the necessity of straining; but if he exerts himself too violently, it gives him great pain, and the neck of the bladder appears to close up; and thus the escape of the urine is rather retarded than facilitated. His

urine is foetid and muddy, and of a dark colour, and the contents of the bladder are not completely evacuated. The state of the urethra is as follows :—The natural orifice is completely closed, but there is an opening connected with the canal immediately beneath it. About half an inch anterior to the bulb there is a stricture totally impermeable to a bougie; and anterior to this there is a false passage which had been made two years before by caustic, and which at the time bled so profusely, that the hæmorrhage did not cease for more than four days. When a bougie is now passed, it is with the greatest difficulty this deviation from the natural canal can be avoided; and if its point should chance to enter it, blood instantly gushes forth so largely from the urethra, as to give it the appearance of an artery being wounded. The body of the prostate gland is slightly enlarged, but no more so than is common

at the period of life at which the patient is arrived.

After enlarging the orifice to its natural size, I gradually divided the diseased portion of the urethra, which extended about an inch and a half; and though in this case, as in the former, I proceeded with the greatest caution, for the reasons I have already mentioned, the operation was accomplished in four or five weeks. I found when arrived at the prostate that the instrument was still obstructed, and would not enter the bladder. The patient could make water in a larger stream, but he had still the same difficulty in expelling it, and the bladder never emptied itself. For these reasons, and as the catheter could be passed rather more than eight inches, and its point could be felt to have entered the prostatic portion of the urethra, I concluded this obstruction could be no other than an enlargement of



the third or middle lobe ; I therefore, as the symptoms were not very urgent, cautiously made three or four punctures in it. The patient felt some pain, and expressed himself as if something had been incised at the neck of the bladder. No bleeding ensued ; and, indeed, so little did he suffer from it, that he felt no greater uneasiness than before the operation. In three days more I made the same number of punctures, which gave rise to exactly the same sensations at the time, but nothing more was felt. After the same interval of time I again punctured the part, and on my fourth visit my patient expressed himself considerably relieved. He could make water better, and he thought the bladder had gained more power. To ascertain the state of the urethra, I now introduced a steel sound, which passed easily into the bladder. On drawing off the urine afterwards, I discovered that the bladder could expel only half its contents. A cathe-

ter, therefore, was introduced night and morning, gradually increasing its size, until this organ completely regained its power. In about six weeks or two months the urinary organs of this patient were restored to their healthy function.

In this case it appears that the middle or third lobe of the prostate gland was so enlarged as to form a valvular obstruction at the neck of the bladder, and that, from the repeated punctures in its substance, the swelling went down. It is impossible to say by what process this was effected; nevertheless, the fact opens to our view a method of treating a disease for which before but little could be done. Experience alone can show its ultimate utility; but from mere reasoning, the puncturing of an enlarged and hardened part, with the view of reducing it, appears rational, and facts even, as far as they go, lead us to such a

conclusion. The prostate gland is not a very sensitive part, and it does not appear to suffer much injury from a wound of the middle or third lobe.

## CASE II.

In 1830, a general officer, æt. 64, consulted me, having had for some time past irritation at the neck of the bladder, and a frequent inclination to make water. I examined his prostate gland, and found it larger than natural, and on passing a catheter immediately after he had voided his urine, I drew off from five to six ounces more. The third lobe was enlarged. I passed the lateral-bladed stilette, and punctured it, and a white transparent mucus, like the white of an egg, covered the point of the instrument. I repeated the operation several times, and at each the same mucus was to be seen. In addition to puncturing the third lobe, I ordered Hyoscyamus suppositories, and advised him to draw off his urine night and morning. In about six weeks he could



completely empty his bladder, and the third lobe was much reduced in size, but the body of the prostate remained the same.

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I shall now relate some cases where I have perforated the middle lobe of the prostate gland. As I have said before, this part not unfrequently becomes so enlarged that it blocks up the neck of the bladder, and retention of urine is the consequence. Under these circumstances, unless relief is obtained, the bladder will ulcerate, or slough, and let out its contents ; or urinary coma will come on, and death will be inevitable. There are only two methods by which relief can be obtained—the one by puncturing the bladder, the other by the perforation of the third lobe of the prostate gland. The former of these two operations is very uncertain as to the result—the patients frequently die ; the latter appears to be the pre-

ferable method, as the urine then flows through its natural channel, and excepting that the enlarged part is wounded, no other injury is done. I have now performed this operation with the urethral perforator three times, and each case has been attended by success.

## CASE I.

A gentleman, about fifty years of age, and of a spare habit of body, applied to me with an impermeable stricture of the urethra, and gave the following history of its formation and progress:—About 30 years since he contracted a gonorrhœa, which, according to the practice prevalent at that time, was treated by powerful astringent injections. The gonorrhœa ceased; but in a few months afterwards the stream of urine became considerably diminished in size, in consequence of which he consulted the surgeon of his regiment, (for he was at that time in the army,) who recommended the use of bougies. These he employed, gradually increasing their size, for some months; and when it was considered that the contraction was sufficiently dilated, he discon-

tinued them. The stricture, however, in a year or two returned, and he again had recourse to bougies. A recurrence of the disease was the result; and it now became so unmanageable that he was obliged to quit the army. At this period very small bougies could be occasionally passed, but they caused great irritation; and if they were discontinued any length of time the part immediately closed up. Some time after this, lunar caustic was applied, with the view of destroying the diseased portion of the urethra; but instead of producing the desired effect, it rather increased the malady. The disease being afterwards neglected, the stricture became impermeable; and when I first saw the patient, it had been in that state for two years. Upon examination I found the obstruction was situate about one-fourth of an inch anterior to the bulb; that it was of an indurated character, and that the prostate gland was slightly enlarged. The urine



flowed so scantily that it usually took from two to four hours to empty the bladder, and that in a manner most painfully distressing. He was obliged to elongate the penis to its utmost, to strain with so great a force that the perspiration frequently stood upon the forehead in large drops, and to walk to and fro in this state, writhing in the severest agony, before he could expel a drop. In this manner he could collect, in about five or ten minutes, a small spoonful of urine, and by this method alone could he evacuate the contents of his bladder. During the period of his complaint he had occasional attacks of retention of urine; and at one time there was an abscess formed in the perineum; as, however, no urine made its escape, it seems doubtful whether this was connected with the urethra.

On July 30th I began to divide the stricture with the single-lancetted stilette, and

thinking it probable, from the history of the case, that a considerable extent of the urethra was indurated and diseased, I proceeded with the greatest caution; because if the contraction is of great length, and, as it not unfrequently happens in such cases, tortuous, too great boldness in the use of the instrument would incur a danger of making a false passage, or giving rise to inflammation and tumefaction sufficient to cause complete retention of urine; I therefore never divided at any one time more than the sixth or eighth of an inch. The diseased portion of the urethra was about two inches in length, and its structure varied considerably. Sometimes it was extremely hard, so much so as almost to resist the entrance of the lancet into it; sometimes a gritty substance was penetrated; and sometimes the part was of a more spongy and vascular nature. In about four months the stricture was by this gradual manner divided, and no unfavour-

able symptom during the whole period occurred. The patient took his usual exercise, and lived on animal food, but he was not allowed to drink wine or fermented liquors. The operation of cutting was never attended with much pain, nor was there ever any loss of blood amounting to more than a dessert spoonful; and this occurred only once. The hardened structure appeared to become absorbed, since each portion after its division remained pervious.

After having permeated so great an extent of the urethra, the patient was attacked by retention of urine, which could not, however, be called complete, as he was able to void, though with great straining and extreme pain, about a tea-cupful of urine during the day. The bladder now became considerably distended; the urine was extremely foetid; and at the bottom of the vessel which contained it there was deposited

a muco-purulent sediment tinged with blood. Having completely cleared the urethra down to the prostate gland, I examined per anum the state of this organ, and found it to be rather more enlarged than on the first examination, and that on pressure with the finger it was extremely tender. The pulse was at this time hard, and at 90; the tongue very dry and furred; the skin hot; and the countenance full of distress and anxiety.

He was ordered (Nov. 25 and 26, 1829) to lose blood from the perineum by leeches and cupping, to make use of the warm bath, to foment, to take purgatives and opiates, and to use the latter in injections and suppositories. All these means failed to produce any effect, and the bladder was becoming so distended that there was reason to fear it might burst, or urinary coma come on, unless it was punctured; or unless the operation which shall presently be described was



performed. At this crisis, therefore, I requested to have another opinion, and my friend Mr. Lawrence, surgeon to St. Bartholomew's Hospital, was called. The catheter could at this time be passed to the length of eight inches and a half; and on examining its point per anum, it appeared to have entered into the anterior part, or mouth, of the prostate, and there to be obstructed. In this state of the case, Mr. L. concurred with me in thinking it would be best to cut on through the obstruction, which appeared to be an enlargement of the third lobe of the prostate, with the lancetted stilette, in as near a line as possible in the natural channel into the bladder. Having introduced the instrument, I thrust forth the lancet at its point, and cautiously perforated the obstruction, until I advanced nearly two inches farther, The stilette now was eleven inches, but no urine flowed. It was therefore withdrawn, and a catheter was passed

to the same point, but it would not go farther, until upon examination with the finger per anum, in order to discover its exact situation, it slipped into the bladder, and upwards of three pints of foetid urine were evacuated. In performing the operation the handle of the instrument was depressed as much as possible ; and when the lancet which had made the cut had receded into its sheath, the blunt point was thrust on with the greatest caution, until it had reached the extremity of the incision. The perforation was accomplished by protruding the lancet three times. The operation produced but little pain, and the bleeding was so trifling that it could only be perceived by examining the point of the instrument. A No. 9 silver catheter was left in the bladder and secured, and the patient remained in bed. An opiate draught was administered. In the evening the pulse was reduced to 80 ; the skin had become moist, and the coun-

tenance had in a great measure lost the expression of anxiety.

Nov. 27.—The urine had flowed freely through the catheter, and my patient had slept about two hours during the night. The pulse 75, and soft; skin moist; tongue less furred, and not so dry; the countenance had recovered its usual composure. An aperient was ordered, which having produced two motions, the opiate was repeated in the evening.

28th.—The urine still flowed freely through the catheter, and occasionally on one side of it. Pulse 80, and soft; skin cool; tongue becoming clean and moist. He had slept during the night for four hours. The catheter was still kept in the bladder, and he took an opiate at bed-time.

The patient from this time went on favour-

ably ; and as the catheter began to cause great uneasiness, I found it necessary, one week after the operation, to withdraw it, which I did not do before, because I thought it better to allow the perforated prostate to recover itself as much as possible before another instrument was passed, or the urine was allowed to flow through it. I therefore introduced an elastic gum catheter, and did not even permit the patient to attempt to make water. It passed through the whole course of the urethra without meeting with the least impediment, and the parts at the prostate appeared to be more open than the rest of the canal. The catheter was left in the bladder for another week, when it was taken out altogether. The patient, however, at first was incapable of making water, so that it was necessary to draw it off three or four times a day, which he did himself without the least difficulty ; and what is singular, and proves that the



obstruction was chiefly at the neck of the bladder, is, that he could eject the urine by the action of the detrusor muscles to a considerable distance through the catheter.

In about three weeks from the operation he began to make water of his own accord, and it was not always necessary to draw it off: in less than six weeks he could completely empty the bladder of its contents. He now felt but little pain either in the bladder or the urethra; and as he got an attack of jaundice, and began to suffer in his general health from confinement and a London atmosphere, I advised him to return into the country, which he did on the 15th January, 1830, and accomplished a journey of 350 miles in a carriage in less than five days. I have since heard from him several times, and he has informed me that he was quite recovered. The passage through the stricture and prostate gland remained freely



open, and he could void his urine as well as ever he did in his life.

There are two points of interest in this case. 1st, It shows that an impermeable stricture more than two inches in length may be divided without danger by the lancetted stilette ; and, 2ndly, That an enlargement of the third or middle lobe of the prostate gland may likewise be perforated with perfect safety. It may be observed in this case that the prostate itself was not much enlarged, but that it was chiefly the third lobe. This fact is proved by the previous symptoms, as well as from my being enabled to pass the catheter eight inches and a half down the urethra, and there meeting with no obstacle. That this impediment to the complete introduction of this instrument was an enlargement of the middle lobe, is also furthermore proved by the necessity there was of perforating at least two inches more,

making the urethra eleven inches instead of nine before the bladder was entered. From this circumstance it would appear that this portion of the gland must have been more than usually increased in size, arising most probably from temporary inflammation. The subsequent symptoms tend to show that the obstruction was chiefly at the neck of the bladder ; for although he could not void the urine of his own accord, he could eject it through the catheter ; but when the swelling of the part subsided, he recovered this power, and could make water naturally.

In the case before us it will be seen that there was neither pain nor hæmorrhage from the operation, and that immediately after it the frequency of the pulse subsided, the skin became moist, the tongue clean, the anxiety of the countenance vanished, and the pain abated. The swelling of the prostate gland subsided ; the perforation through

the third lobe, and the diseased portion of the urèthra, remained freely open, and became quite healed, conveying to the finger, when a catheter was passed, a sensation as if it were covered by a membrane analogous to that lining the healthy urethra. The bladder gradually regained its power, and the patient in a few weeks was restored to perfect health.

## CASE II.

The following case occurred in consultation with Mr. Kingdon ; and as he has published it in the Medical Gazette, I shall extract it from thence, and give it in his own words :—

“ The case I now allude to was one of a gentleman, about sixty years of age, who came to me with abscess in perineo, and an impassable stricture a little anterior to the membranous portion of the urethra. He had, thirty years before, suffered from stricture, and had consulted Mr., now Sir Astley Cooper, who, he said, gave him so much pain, that he had not courage again to consult a surgeon till in his present distress. A free opening was made into the abscess, which was extensive, and the larger portion of his



urine passed through it, giving him intense pain. I was successful in my treatment of the stricture, and could pass a tolerable sized bougie ; but though I felt satisfied, from the direction of the instrument, that it was in the prostatic portion of the urethra, I could not by any manipulation get the point of the catheter into the bladder. The patient, from continued suffering, lost his health ; and, from want of appetite and sleep, was reduced almost to a skeleton. The impression conveyed to my mind from the end of the catheter produced a desire to have a controllable stilette at that point ; and I requested Mr. Stafford to meet me with his instruments. The curved canula with stilette was applied, and urged on about one-third of an inch ; after which a catheter of equal size was tried, but without effect. In four days, however, after the operation, the catheter passed freely, and was kept in for some time ; then the patient

was taught to pass it for himself, when required, but prohibited from attempting to pass urine without the catheter, till the seat of the abscess had lost all sense of tenderness, and the fistulous opening perfectly closed. Appetite, sleep, and health, were recovered, and continue,—or I am confident I should have again been consulted.”

From the situation of the point of the instrument there can be but little doubt that the obstruction met with was an enlarged third lobe of the prostate gland. It is most probable, from our not being able to introduce a catheter at once, that the instrument did not quite complete the perforation, and that the rest of the process was continued by ulceration of the undivided part.

## CASE III.

John Paget, æt. 82, was admitted into the St. Mary-le-Bone Infirmary, August 12th, 1837, under my care, with retention of urine, the bladder being distended as high as the umbilicus. He had not voided any urine for 48 hours, and many attempts had been made by different surgeons to pass a catheter, but without success. The obstruction was nine inches down the urethra, and the point of the instrument appeared to be prevented entering the bladder by an enlargement of the third or middle lobe of the prostate gland. Under these circumstances, having already succeeded in three other cases of the same description, I determined to perforate the middle lobe. The operation was immediately performed, and the instrument passed through (as seen in the plate) the

base of the enlarged part. Two quarts of bloody urine were drawn off, and a catheter left in the bladder for three days. It was then withdrawn, and passed through the opening made night and morning for a fortnight, when the man began to void his urine naturally of his own accord. He did so for more than a fortnight without the aid of the catheter ; when, on the 21st of September, on getting out of bed to put on clean linen, he fell into the nurse's arms, and expired. On examination of the body, there was considerable effusion in the pericardium, and also in the ventricles of the brain, either of which might account for his sudden death. He had been a sufferer from a difficulty to void urine and vesical symptoms for years. The middle or third lobe of the prostate gland was found perforated, as shown in the plate.

In the Hunterian Collection, in the



Museum of the College of Surgeons of London, there are three preparations in which this portion of the gland has been wounded by the forcible introduction of a catheter into the bladder, without any bad consequences having ensued. In the first, an instrument had perforated the middle lobe, and through the opening thus made the urine was drawn off for five years afterwards. In the second, the third lobe is completely severed, and the divided surfaces are covered by a membrane analogous to that which lines that portion of the urethra which passes through the prostate; and in the third, the middle lobe, which was not so much enlarged as in the other cases, is also torn, without any apparent inconvenience having been sustained. It unfortunately happens that no particular history of these cases has been recorded.

During a disease of the prostate gland,

there are various methods to be pursued relative to the treatment besides what I have now recommended. If there should be inflammation, bleeding both generally and locally will be necessary. If there should be great pain, opiates may be given, or used in injections and suppositories ; and where the disease is of considerable extent, and there is great enlargement of the gland, while at the same time the bladder does not empty itself, the catheter must be employed night and morning, or as often as may be requisite. If there be alkaline urine, which generally is the case, acids may be administered with advantage ; and, should the mucous coat of the bladder take on disease, secreting a thick, viscid, ropy mucus, the buchu, the pareira brava, copaiba, &c. may be of service. In short, numerous symptoms may arise, all of which must be treated according to the peculiar circumstance of the case.

In concluding this Essay, I am well aware that I have not described all the diseases of the prostate gland, nor all the varieties of its enlargement. I am also well aware that I have not spoken of all the symptoms of its disease, nor of the different modes of treatment which have been hitherto pursued. It was not my intention to do so. The object I alone have had in view has been to point out a set of cases where relief might be obtained, and to put my professional brethren in possession of the means by which this desirable object might be accomplished. I would not presume to say that the treatment I have recommended is adapted to all cases, although I have reason to believe that in many, and more particularly in those where disease has not gone on to a considerable extent, the remedies I have employed will be found very effectual. My

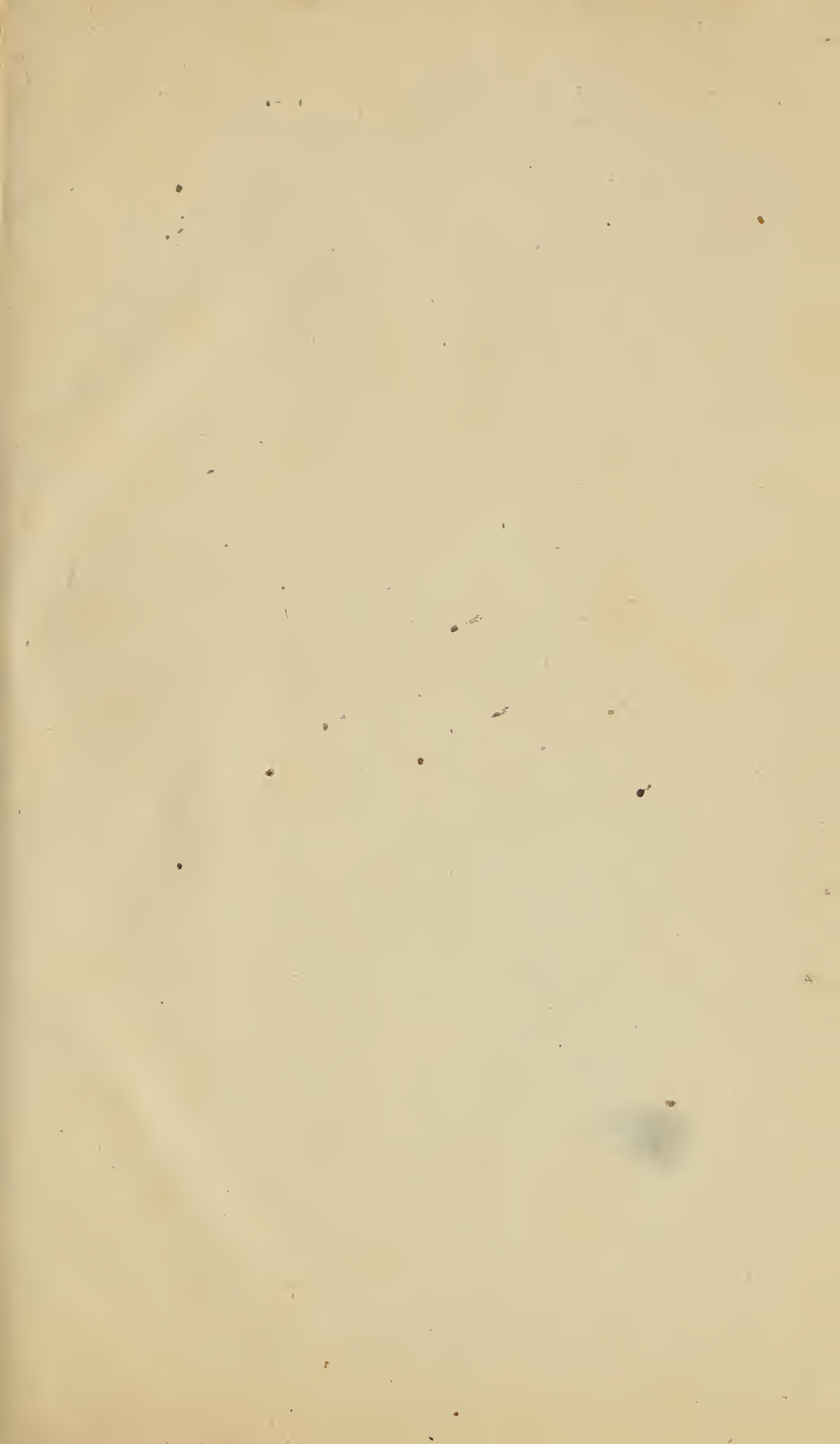
own experience is much in favour of the treatment I have employed for enlargement of the prostate gland and its third or middle lobe. It now only remains, therefore, to be confirmed by a more extended experience than one individual has it in his power to acquire.

THE END.













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